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CONFIRMATION NO. 3162

<b>SERIAL NUMBER</b> 10/633,194	<b>FILING OR 371(c) DATE</b> 07/31/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1621	<b>ATTORNEY DOCKET NO.</b> 01259/2/US
<b>APPLICANTS</b> Ping Gao, Portage, MI;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/119,129 04/09/2002 ABN which claims benefit of 60/284,381 04/17/2001 and claims benefit of 60/326,952 10/04/2001 This application 10/633,194 claims benefit of 60/399,862 07/31/2002 and claims benefit of 60/399,776 07/31/2002 and claims benefit of 60/399,863 07/31/2002 and claims benefit of 60/399,808 07/31/2002				
<b>** FOREIGN APPLICATIONS *****</b> <i>none</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 11/13/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Allowance</i> Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>		<b>STATE OR COUNTRY</b> MI	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 33
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 26648				
<b>TITLE</b> Gelatin capsule exhibiting reduced cross-linking				
<b>FILING FEE RECEIVED</b> 1114	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	